

ORDER FOR SUPPLIES OR SERVICES						Form Approved		Page 1 Of 4	
1. Contract/Purch Order No.		2. Delivery Order No.		3. Date Of Order		4. Requisition/Purch Request No.		5. Certified for National Defense Under DMS Reg 1 Priority DXA5	
DAAE20-00-D-0004		0006		2000AUG14		SEE SCHEDULE			
6. Issued By			Code	7. Administered By (If other than 6)			Code	8. Delivery FOB <input checked="" type="checkbox"/> Dest <input type="checkbox"/> Other (See Schedule if other)	
TACOM-ROCK ISLAND AMSTA-LC-CAC-A VICKI SIMPSON (309) 782-6931 ROCK ISLAND IL 61299-7630 EMAIL: SIMPSONV@RIA.ARMY.MIL			W52H09	DCMC DETROIT-GRAND RAPIDS RIVERVIEW CENTER BLDG 678 FRONT AVE NW GRAND RAPIDS MI 49504-5352 SCD A PAS NONE ADP PT SC1012			S2303A		
9. Contractor			Code	Facility Code		10. Deliver To FOB Point By (Date) SEE SCHEDULE 12. Discount Terms		11. Mark If Business Is <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned	
BORISCH MFG CORPORATION 4511 EAST PARIS AVENUE, S.E. GRAND RAPIDS MI 49512-4010			01BB2						
TYPE BUSINESS: Other Small Business Performing in U.S.						13. Mail Invoices To		See Block 15	
14. Ship To			Code	15. Payment Will Be Made By			Code	Mark All Packages And Papers With Contract Or Order Number	
SEE SCHEDULE				DFAS COLUMBUS CENTER DFAS-CO-JNC/MINUTEMAN PO BOX 182266 COLUMBUS OH 43218-2362			SC1032		
16. T O Y R P D E E R O F	Delivery	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.						
	Purchase		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.						
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.						
Name Of Contractor			Signature			Typed Name And Title		Date Signed	
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:									
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE									
18. Item No.	19. Schedule Of Supplies/Service			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount		
	SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders								
* If quantity accepted by the Government is sameas quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America By: DAVE ELLIOTT ELLIOTT@RIA.ARMY.MIL (309) 782-3814			25. Total	\$102,668.40	
							29. Differences		
26. Quantity In Column 20 Has Been <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date Signature Of Authorized Govt Representative					27. Ship. No.	28. D.O. Voucher No.	30. Initials		
					32. Paid By		33. Amount Verified Correct For		
31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		34. Check Number							
				35. Bill Of Lading No.					
36. I certify this account is correct and proper for payment _____ Date Signature And Title Of Certifying Officer									
37. Received At	38. Received By	39. Date Received		40. Total Containers		41. S/R Account No.	42. S/R Voucher No.		

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-00-D-0004/0006 MOD/AMD	Page 2 of 4
Name of Offeror or Contractor: BORISCH MFG CORPORATION		

SUPPLEMENTAL INFORMATION

1. The purpose of this delivery order is to add the MEU Circuit Card Assembly (CCA), NSN: 5998-01-352-5722, P/N 9376196 to requirements contract DAAE20-00-D-0004 and to award the first year requirements. A quantity of 120 MEU CCA will be procured over a 4 year period at a rate of 30 per year at a unit price of \$3,422.28.
2. This delivery order (0006) is for the award of 30 each Circuit Card Assemblies, P/N 9376196, NSN: 5998-01-352-5722.
3. Deliveries are FOB Destination.
4. Packaging requirements for all CCAs are in accordance with the attached Packaging Sheet dated 05 Nov 92.
5. The total amount of this delivery order is \$102,668.40.

*** END OF NARRATIVE A001 ***

Name of Offeror or Contractor: BORISCH MFG CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0002	<div>SUPPLIES OR SERVICES AND PRICES/COSTS</div> <div>Supplies or Services and Prices/Costs</div> <div>PRODUCTION QUANTITY</div> <div>NSN: 5998-01-352-5722 NOUN: CIRCUIT CARD ASSEMBLY FSCM: 19200 PART NR: 9376196 SECURITY CLASS: Unclassified PRON: M102A042M1 PRON AMD: 02 ACRN: AA AMS CD: 060011JEBL1</div> <div>Packaging and Marking</div> <div>Inspection and Acceptance</div> <div>INSPECTION: Origin ACCEPTANCE: Origin</div> <div>Deliveries or Performance</div> <div>DOC SUPPL</div> <div>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</div> <div>001 W52H090187H637 W25G1U J 1</div> <div>DEL REL CD QUANTITY DEL DATE</div> <div>001 30 31-OCT-2001</div> <div>FOB POINT: Destination</div> <div>SHIP TO: PARCEL POST ADDRESS</div> <div>(W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001</div> <div>CONTRACT/DELIVERY ORDER NUMBER</div> <div>DAAE20-00-D-0004/0006</div>	30	EA	\$ 3,422.28000	\$ 102,668.40

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CONTRACT ADMINISTRATION DATA

										JOB				
LINE	PRON/	OBLG								ORDER	ACCOUNTING		OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>		
0002	M102A042M1	AA	2	97	X4930AC9G	6D	26KB	S11116			W52H09	\$	102,668.40	
060011JEBL1														
											TOTAL	\$	102,668.40	
SERVICE										ACCOUNTING		OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>							<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		97	X4930AC9G	6D	26KB	S11116			W52H09	\$	102,668.40		
											TOTAL	\$	102,668.40	